

DISTANCE EDUCATION PROGRAM

APPLICATION COVER PAGE

CERTIFICATION

I HEREBY CERTIFY that, to the best of my knowledge, the information contained in this application is accurate and that the distance education program will be operated as described in the application. As the authorized representative of the school district or charter school submitting the application, assurance is provided to the Department of Education that the persons who operate the program on a day-to-day basis will comply with and carry out all applicable requirements, statutes, regulations, rules and policies of the school district or charter school.

Name and Signature of the school district superintendent, charter school principal or other appropriate designee of the applicant authorized to submit this application must be provided below:

Name and Title (Please type)

Signature

Indicate the date the applicant's board of trustees, governing body or committee to form a charter school met to approve the submission of this application:_____

APPLICANT INFORMATION

Applicant (Name of School District or Charter School)	Mailing Address (Street, P.O. Box, City/Zip)
Name and title of authorized contact person	Telephone number of authorized contact person Fax Number Email address

Date Received By Department:
